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CORPORATION NAME(S) & DOC	UMENT NUMBER(S) (if known):
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(Corporation Name) 2.	(Document #)
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Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
branches and a second second	Reinstatement
·	Trademark
	Other Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

L&L MEDICAL EQUIPMENT, CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7321 WEST Flagler STREET Suite A MIANII, FL 33144

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LISETTE LOPEZ
7321 WEST FLAGLER STREET Suite A
NIANI, FL 33144

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of
incorporation is: LISEITE COPES
Incorporation is: LISETTE COPEZ 7321 WEST FLAGIER STREET Suite A
MiANI, FZ 33144
The undersigned incorporator has executed these Articles of
Incorporation this 23 day of NOV 2004
April 1980
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

LISETTE LOPEZ. (P).,
7321 WEST PLAGIER STREET Suite A
MIANI, FL 33144

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature